

Environmental Protection Agency Internet Information

EPA Region 2

While Freedom of Information Act (FOIA) requests will be honored by directly writing to Region 2, EPA provides an increasing amount of environmental media information, and other Regional activities via Internet at <http://www.epa.gov>.

Region 2 has provided a FOIA Web site <http://www.epa.gov/region02/foia/> with several online databases from which the environmental information can be retrieved.

- **"Frequently FOIAed Files"** Web site <http://www.epa.gov/region02/foia/fff.htm> covers RCRA and many other media Programs. Through this Web site, you can learn about each media Program, associated databases, and special points of interest. In particular, the ability to "directly download" all of the most commonly requested Region 2 Export Files (.xls) and Reports (.pdf) - all compressed for quicker downloading.

EPA Region 2 has established a **list of contaminated facilities** that are a high priority for cleanup in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. You can view each facility fact sheet at <http://www.epa.gov/region02/cleanup/sites/>

EPA- Headquarters

- **Envirofacts Data Warehouse** Web site <http://www.epa.gov/enviro/index.html> is a one-stop source to the environmental information. This Web site provides access to several EPA databases with information about environmental activities that may affect air, water and land anywhere in the United States.
- **"My Environment"** Web site <http://www.epa.gov/myenvironment> is a powerful tool that provides a wide range of federal, state and local information about environmental conditions and futures in an area of your choice.
- **The Enforcement and Compliance History Online (ECHO)** Web site <http://www.epa.gov/echo/> provides a list of all inspections and enforcement under most of the environmental statutes.
- **Right-To-Know Network (RTK Net)**, a non-EPA Web site <http://www.rtknet.org/> on-line query engine provides free access to numerous databases and resources on environment.
- **National Biennial RCRA Hazardous Waste Report** Web site <http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm> provides documents and data on hazardous waste reports.
- **Conditionally Exempt Small Quantity Generators** Web site <http://www.epa.gov/osw/hazard/generation/cesqg.htm> provides information on Conditionally Exempt Small Quantity Generators.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/28/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NJD986600211
FACILITY NAME ->	PERROTTI BROS EXXON
MAILING ADDRESS ->	105 CHESTNUT ST ROSELLE, NJ 07203
INSTALLATION ADDRESS ->	105 CHESTNUT ST ROSELLE, NJ 07203

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: PERROTTI, JOHN
OWNER
PERROTTI BROS EXXON
105 CHESTNUT ST
ROSELLE, NJ 07203



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

05/28/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NJD986600211
FACILITY NAME ->	EXXON CO USA #34279
MAILING ADDRESS ->	PO BOX 4415 HOUSTON, TX 77210
INSTALLATION ADDRESS ->	105 CHESTNUT ST ROSELLE, NJ 07203

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: POOL ALDA S STAFF ASSIST
EXXON CO USA #34279
PO BOX 4415
HOUSTON, TX 77210

MK9

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

90-10-29

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJ0980600211

II. Name of Installation (Include company and specific site name)

EXXON CO USA #34279

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

105 CHESTNUT STREET

Street (continued)

City or Town

ROSELLE

State

ZIP Code

NJ07203-

County Code

County Name

039

UNION

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O BOX 4415

City or Town

HOUSTON

State

ZIP Code

TX77210-4415

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

POOL

(first)

ALDA S

Job Title

STAFF ASSISTANT

Phone Number (area code and number)

713-656-7709

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

- - - - -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

JOHN & GERARDO PERROTTI

Street, P.O. Box, or Route Number

105 CHESTNUT STREET

City or Town

ROSELLE

State

ZIP Code

NJ07203-

Phone Number (area code and number)

201-245-9686

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No



(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at Installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. EP Toxic (D000) ☒ D018
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

C. CRUTCHFIELD SR. IN CHG. ENGINEER

Date Signed

10/22/91

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

August 11, 1992

John Perrotti
Perrotti Bros Exxon
105 Chestnut St
Roselle, NJ 07203

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

USEPA - REGION II
PERMITS ADMINISTRATION BRANCH
26 FEDERAL PLAZA, ROOM 505
NEW YORK, NEW YORK 10278
TELEPHONE NO. 212-264-2014

Please note that we cannot process your request until the corrected and/or additional information is provided to us. Thank you for your cooperation.

Sincerely yours,

Laura J. Livingston, Chief
Permits Administration Branch

Enclosures

20PM-PA-Lopez.kc-August 11, 1992:X9883:		CONCURRENCES							
SYMBOL =>	20PM-PA	20PM-PA							
SURNAME =>	Claudio	Livingston							
DATE =>	10/28/11/92								
EPA FORM 1320-1 (12-70)		OFFICIAL FILE							

DATE: 8/7/92

CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL

CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED

Facility Name: PERROTTI BKOS EXXON

- 1) ☐ Name of Installation is incomplete.
- 2) ☒ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☐ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- 10) ☐ There is an existing EPA Identification Number for the stated installation at the location address you have specified.
To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
- 11) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.
- 12) ☐ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

13) ☒

Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is _____

EXXON CO USA #34279

Please indicate your facility's relationship to the above named company in the appropriate space(s) below.

☒ The above named facility is in the same building/complex.

Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

☐ The above named facility is the current owner of the property. List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

☐ The above named facility is the previous owner of the property or prior business.

List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

☐ The above named facility is the previous operator at this location.

☐ Other. Please explain. _____

United States Environmental Protection Agency
Washington, DC 20460
Notification of Hazardous Waste ActivityPlease refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).**For Official Use Only**

Comments

C
C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)C
F

T/A C

1

I. Name of Installation

Perrotti Bros Exxon

II. Installation Mailing Address

Street or P.O. Box

C
3

105 CHESTNUT ST

City or Town

State

ZIP Code

C
4

Roselle

NJ 07203

III. Location of Installation

Street or Route Number

C
5

SAFE

City or Town

State

ZIP Code

C
6**IV. Installation Contact**

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

Perrotti John

908 245 1262

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R

John & Jerry Perrotti

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**A. Hazardous Waste Activity****B. Used Oil Fuel Activities**

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace**VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))**
☐ A. Air ☐ B. Rail ☒ C. Highway ☐ D. Water ☐ E. Other (specify)
IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 0001	2 0008	3 X 7771	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature <i>John Perrotti</i>	Name and Official Title (type or print) JOHN PERROTTI owner	Date Signed 10-11-91
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*****
*                               RCRIS: NOTIFICATION VIEW SCREEN 2 OF 5                               *
*****
*EPA ID: NJD986600211      OTHER ID:                               MERGE SEND: Y
*DATE RECEIVED(MMDDYY): 102990  SOURCE( N/E/S ):  N NON-NOTIFIER FLAG:
*NAME OF INSTALLATION: EXXON CO USA #34279 ✓
*                               INSTALLATION LOCATION ADDRESS
*STREETS: 105 CHESTNUT ST
*CITY: ROSELLE                               STATE: NJ      ZIP: 07203
*COUNTY CODE: 039      COUNTY NAME: UNION
*                               INSTALLATION MAILING ADDRESS
*
*STREETS: PO BOX 4415 ✓
*CITY: HOUSTON ✓                               STATE: TX      ZIP: ✓ 77210
*                               CONTACT INFORMATION
*   LAST NAME      FIRST NAME      TITLE      PHONE      ADDRESS(M,L,O)
* POOL ✓          ALDA S ✓          STAFF ASSIST  7136567709      L
*STREETS: 105 CHESTNUT ST
*CITY: ROSELLE                               STATE: NJ      ZIP: 07203
*LAND TYPE:
*****
* ENTER-CONTINUE      F2-CANCEL      F3-EXIT
*****

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*****
*                               RCRIS: NOTIFICATION VIEW SCREEN 3 OF 5                               *
*****
* EPA ID: NJD986600211      OTHER ID:                               SOURCE: N
* OWNERSHIP: JOHN & GEARDO PERROTTI                               TYPE OF OWNER: P
*
*                               ADDRESS OF OWNER/OPERATOR
*
*   STREET: 105 CHESTNUT ST
*   CITY: ROSELLE                               STATE: NJ      ZIP CODE 07203
*   PHONE: 2012459686
*
* CURRENT/PREVIOUS INDICATOR: CO  CHANGE DATE(MMDDYY):
*
*
*****
* ENTER-CONTINUE      F2-CANCEL      F3-EXIT      F5-CURR. OWNER
* F6-PREV. OWNER      F8-HELP      F9-FIRST      F10-NEXT
*****

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*****
*                               RCRIS: NOTIFICATION VIEW SCREEN 4 OF 5                               *
*****
* EPA ID: NJD986600211      OTHER ID:                               SOURCE: N
*
*   WASTE      TYPE      RCRA REG      RCRA REG      STATE REG      STATE REG
* ACTIVITY:      STATUS      DESC      STATUS      DESC
*
* GENERATOR      2      R
* TRANSPORTER
* TSD
* BURNER/BLENDER

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II

JACOB K. JAVITS FEDERAL BUILDING

NEW YORK, NEW YORK 10278

August 11, 1992

John Perrotti
Perrotti Bros Exxon
105 Chestnut St
Roselle, NJ 07203

Dear Sir/Madam:

The United States Environmental Protection Agency (USEPA), Region II, is returning a copy of your Notification of Regulated Waste Activity (EPA Form 8700-12) for the reason(s) indicated on the enclosed checklist. Please read the marked item(s) carefully and resubmit your form and/or explanation as indicated on the checklist.

Please send your documentation and the enclosed checklist to the following address as soon as possible:

**USEPA - REGION II
PERMITS ADMINISTRATION BRANCH
26 FEDERAL PLAZA, ROOM 505
NEW YORK, NEW YORK 10278
TELEPHONE NO. 212-264-2014**

Please note that we cannot process your request until the corrected and/or additional information is provided to us. Thank you for your cooperation.

Sincerely yours,

A handwritten signature in cursive script, reading "Laura J. Livingston", is written above the typed name.

Laura J. Livingston, Chief
Permits Administration Branch

Enclosures

DATE: 8/7/92

CHECKLIST MUST ACCOMPANY YOUR RESUBMITTAL

CHECKLIST OF REASONS
NOTIFICATION OF REGULATED WASTE ACTIVITY, EPA FORM 8700-12
CANNOT BE PROCESSED

Facility Name: PERROTTI BROS EXXON

- 1) ☐ Name of Installation is incomplete.
- 2) ☒ Location of Installation is insufficient.
Please provide the street number, cross street, rural delivery number, mile post marker, block/lot number, room/suite number, floor number, section number, or N, E, S, or W wing. For rural sites, a box number located at the site (not a PO Box) is acceptable. If you cannot provide a clearer address, please submit an explanation.
- 3) ☐ Installation Mailing Address is incomplete.
- 4) ☐ Ownership information is incomplete.
- 5) ☒ Hazardous Waste Activity under Type of Regulated Waste Activity is incomplete.
Mode of transportation should only be marked if you are a transporter of hazardous waste.
- 6) ☐ Certification is insufficient.
Please provide an original signature in the Certification block. Please see the instructions for completing the form for those authorized to sign the certification.
- 7) ☐ Installation Contact is incomplete.
Please provide the contact person's name, job title, and phone number.
- 8) ☐ Installation Contact Address is Incomplete.
- 9) ☐ Description of Regulated Wastes is incomplete.
Please refer to the Code of Federal Regulations Part 261 of Title 40, or call 1(800)424-9346 for assistance.
- 10) ☐ There is an existing EPA Identification Number for the stated installation at the location address you have specified.
To update any information previously provided, please resubmit your form as a Subsequent Notification. Enter the previously assigned ID No. on the form in the appropriate block and attach a brief explanation of the requested changes. Please re-sign the form with an original signature in the Certification block.
- 11) ☐ You have submitted a Subsequent Notification form.
Please provide us with a brief explanation of the requested changes.
- 12) ☐ Please use the updated Notification of Regulated Waste Activity (EPA Form 8700-12) for your submission.

13) ☒

Our records indicate that an EPA ID No. has already been assigned to another facility at the same address which you have provided as your Location of Installation. The facility name is _____

EXXON CO USA #34279

Please indicate your facility's relationship to the above named company in the appropriate space(s) below.

☒ The above named facility is in the same building/complex.
Please provide a more detailed address for your facility under Location of Installation on the form. A more specific address would include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

☐ The above named facility is the current owner of the property.
List the property owner's name and address in the comments section (Part XI) of your form and note them as the property owner. Please provide a detailed address for the property owner on the form. This should include a street number, cross street, room/suite number, floor number, section number, block/lot number, mile post marker, N, S, E, or W wing, box no. at the site (NOT a PO Box), or a rural delivery number.

☐ The above named facility is the previous owner of the property or prior business.
List the owner's name and address in the comments section (Part XI) of your form and note them as the previous property owner or previous business owner and complete Part VII D of your form.

☐ The above named facility is the previous operator at this location.

☐ Other. Please explain. _____

(13) PERROTTI BROS OWNS THE PROPERTY AND
EXXON OWNS THE FUEL TANKS

(5) PERROTTI BROS ACCUMULATES MOTOR OIL IN
THE COURSE OF DOING REPAIR & MAINTENANCE
WORK OF THEIR CUSTOMERS VEHICLES.



Notification of Hazardous Waste Activity

this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C
C

Installation's EPA ID Number

Approved

Date Received
yr. mo. day)C
FT/A
C
1

I. Name of Installation

Perrotti Bros Exxon

II. Installation Mailing Address

Street or P.O. Box

C
3

105 CHESTNUT ST

City or Town

State

ZIP Code

C
4

ROSELLE

NJ 07203

III. Location of Installation

Street or Route Number

C
5

105 CHESTNUT ST

City or Town

State

ZIP Code

C
6

ROSELLE

NJ 07203

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

Perrotti John

908 245 1262

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R

John & Jerry Perrotti

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☒ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

ID — For Official Use Only												
C												T/A
W												

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 01001	2 01008	3 X 7771	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable (D001)

☐ 2. Corrosive (D002)

☐ 3. Reactive (D003)

☐ 4. Toxic (D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

John Perrotti

Name and Official Title (type or print)

JOHN PERROTTI owner

Date Signed

10-11-91